

May 6, 2005

MEMORANDUM

TO: Administrators of Hospitals and Institutional General Infirmaries  
Administrators of Nursing Homes  
Administrators of Community Residential Care Facilities  
Administrators of Intermediate Care Facilities for the Mentally Retarded  
Administrators of Residential Treatment Centers for Children & Adolescents  
Administrators of Inpatient Hospice Facilities  
Administrators of Inpatient Facilities that Treat Individuals for  
Psychoactive Substance Abuse or Dependence

FROM: Dennis L. Gibbs, Director  
Division of Health Licensing

RE: Emergency/Disaster Preparedness

We want to remind you that the August 30, 2004 Emergency Order (which may be viewed on our Website at <http://www.scdhec.gov/hr/licen/hlnotices.htm>) issued by C. Earl Hunter, Commissioner of the South Carolina Department of Health and Environmental Control, regarding hospitals, nursing homes, and other residential care facilities is still in effect and allows for no exceptions to the preparation and maintenance of emergency evacuation plans.

Furthermore, the Emergency Order requires that, “...each facility shall certify to DHEC no later than June 1 of each year that the Emergency Evacuation Plan contains a Sheltering Plan, Transportation Plan, and Staffing Plan complying with the terms of this Order, and shall submit to DHEC the name(s) of the Sheltering Facility (Facilities)...”. Therefore, it is required that each inpatient facility licensed by DHEC comply with this component of the Emergency Order by submitting a notarized statement signed by the administrator or appropriate officer. **The required statement and the name(s) of the Sheltering Facility (Facilities) must be submitted to the Division by June 1, 2005.** We are attaching a suggested affidavit with this memorandum for your convenience. A copy of the suggested affidavit is also located on our Website at <http://www.scdhec.gov/hr/licen/hlnotices.htm>.

If you decide to use your own affidavit, it must at a minimum certify that the emergency evacuation plan contains a sheltering plan, transportation plan and staffing plan. It must also list the name(s) of the sheltering facility(ies), address of the sheltering facility(ies), contact person of sheltering facility, and telephone number to be used to reach the sheltering facility(ies) during an emergency. Failure to comply with this condition of the Emergency Order may result in the imposition of penalties.

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As the 2005 Hurricane season begins in June, the Division of Health Licensing recommends that health care facilities review current Emergency/Disaster Preparedness Plans to insure that component parts (transportation, shelter, and staffing) can be effectively implemented. Facilities should be sure that supervisory/management staffs are able to easily locate the plans, that staff are aware of the specific contents of the emergency/disaster plan and that staff are aware of their individual and collective responsibilities. The "Emergency Evacuation Plan Submission Requirements" identifies the minimum components each plan must address and is located on our Website at <http://www.scdhec.gov/hr/licen/hlforms.htm>. Facilities and activities licensed by the Division of Health Licensing are all required to assure the safety and well being of their staff, patients and residents during an emergency.

Hospitals and nursing homes located in the coastal region (Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry and Jasper counties) that are seeking exemption in the event the Governor issues a Mandatory Evacuation Order for an impending hurricane must already have completed the Critical Data Sheet on line at <http://scangis.dhec.sc.gov/CDATASHEET/LOGIN.ASPX>; submitted a copy of the engineer's report concerning the wind load the facility should withstand; have complied with the DHEC Emergency Order which requires sheltering, transportation and staffing plans; and have a currently approved plan on file at DHEC prior to a declared emergency. **Those hospitals and nursing homes which have not submitted the updated and accurate information shall not be approved to shelter in place. Only hospitals and nursing homes may apply, and only those hospitals and nursing homes located in the coastal region may request exemption from an emergency evacuation order.**

Once you have met the prerequisites and an emergency has been declared, you must draw down the census of the facility and then contact DHEC's Division of Health Licensing at 803-545-4370 (8:30 a.m. – 5:00 p.m.) or 803-737-8508 (5:00 p.m. – 8:30 a.m. including weekends and on holidays) to request exemption from the evacuation order. DHEC staff will review your request, in addition to storm projections, SLOSH (Sea, Lake, and Overland Surges from Hurricanes) model and other relevant data in order to determine whether your facility will be allowed to shelter-in-place for a specific storm. Future storms will require that staff use this same process to evaluate your request for exemption.

If you require assistance with submitting data to the system, please contact Mr. Jared Shoultz (E-mail: [shoultjj@dhec.sc.gov](mailto:shoultjj@dhec.sc.gov)) at 803-898-3668 or 803-465-6059 (cell). Other questions regarding Disaster Preparedness Plans should be directed to Randy Clark (E-mail: [clarkro@dhec.sc.gov](mailto:clarkro@dhec.sc.gov)) or Shelton Elliott (E-mail: [elliotsm@dhec.sc.gov](mailto:elliotsm@dhec.sc.gov)), Division of Health Licensing at 803-545-4370; Shirley Hollingsworth (E-mail: [hollinsd@dhec.sc.gov](mailto:hollinsd@dhec.sc.gov)), Office of Public Health Preparedness at 803-989-3709; or Beverly Patterson (E-mail: [patterbb@dhec.sc.gov](mailto:patterbb@dhec.sc.gov)), Disaster Preparedness-Health Regulations at 803-545-4200.

DLG:JR:jer

cc: Leon Frishman  
Jerry L. Paul  
Beverly Patterson  
Division Staff  
Jared Shoultz, DHEC

C. Earl Hunter, Commissioner  
Doug Calvert, DHEC  
Shirley Hollingsworth, DHEC  
Brad Beasley, SCDDSN  
Nancy Layman, DHEC

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## **Affidavit of Compliance with August 30, 2004 Emergency Order**

Compliance with the requirements of the August 30, 2004 Emergency Order of the South Carolina Department of Health and Environmental Control (DHEC); by my signature, I certify that the Emergency Evacuation Plan of:

Facility Name: \_\_\_\_\_  
contains a Sheltering Plan, Transportation Plan, and Staffing Plan. Additionally, as required by the DHEC August 30, 2004 Emergency Order, please find listed below the names of the sheltering facility(ies) the above-named facility will utilize in the event that residents of this facility have to be relocated due to an emergency.

1. \_\_\_\_\_  
Name of Sheltering Facility  
\_\_\_\_\_  
Address of Sheltering Facility  
\_\_\_\_\_  
Name of Contact and Emergency Telephone Number of Sheltering Facility
2. \_\_\_\_\_  
Name of Sheltering Facility  
\_\_\_\_\_  
Address of Sheltering Facility  
\_\_\_\_\_  
Name of Contact and Emergency Telephone Number of Sheltering Facility
3. \_\_\_\_\_  
Name of Sheltering Facility  
\_\_\_\_\_  
Address of Sheltering Facility  
\_\_\_\_\_  
Name of Contact and Emergency Telephone Number of Sheltering Facility
4. \_\_\_\_\_  
Name of Sheltering Facility  
\_\_\_\_\_  
Address of Sheltering Facility  
\_\_\_\_\_  
Name of Contact and Emergency Telephone Number of Sheltering Facility

I certify that the above-stated information is a true and accurate statement of compliance with the requirements of the South Carolina Department of Health and Environmental Control's Emergency Order of August 30, 2004.

\_\_\_\_\_  
Administrator, Name of Facility

SWORN To before me this \_\_\_\_\_ Day of \_\_\_\_\_, 2005

\_\_\_\_\_  
Notary Public for South Carolina

My commission Expires:\_\_\_\_\_.